

**BETH C. DRAIN, CA CSR NO. 7152**

BEFORE THE  
APPLICATION REVIEW SUBCOMMITTEE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
REGULAR MEETING

LOCATION: ZOOM

DATE: SEPTEMBER 23, 2021  
9 A.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

FILE NO.: 2021-19

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**I N D E X**

| <b>ITEM DESCRIPTION</b>   | <b>PAGE NO.</b> |
|---|-----------------|
| <b>OPEN SESSION</b>   |                 |
| 1. CALL TO ORDER.   | 3               |
| 2. ROLL CALL  | 3               |
| <b>ACTION ITEMS</b>   |                 |
| 3. CONSIDERATION OF APPLICATIONS<br>SUBMITTED IN RESPONSE TO PROGRAM<br>ANNOUNCEMENT: CIRM SCHOLAR RESEARCH<br>TRAINING AWARDS EDUC 4.  | 5               |
| 4. CONSIDERATION OF APPLICATIONS<br>SUBMITTED IN RESPONSE TO CLINICAL<br>TRIAL STAGE PROJECTS PROGRAM<br>ANNOUNCEMENT (CLIN 1,2 OR 3).  | 21              |
| <b>CLOSED SESSION</b>   |                 |
| 5. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY<br>OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL<br>INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR<br>DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO<br>APPLICATIONS SUBMITTED IN RESPONSE TO AGENDA ITEMS 3<br>AND 4 ABOVE. (HEALTH & SAFETY CODE 125290.30(F) (3)<br>(B) AND (C)). | NONE            |
| <b>DISCUSSION ITEMS</b>   |                 |
| 6. PUBLIC COMMENT.  | NONE            |
| 7. ADJOURNMENT.   | 36              |

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SEPTEMBER 23, 2021; 9 A.M.

CHAIRMAN THOMAS: OKAY. ALL SET. GOOD MORNING, EVERYBODY. WELCOME TO THE SEPTEMBER 2021 REGULAR MEETING OF THE ICOC AND APPLICATION REVIEW SUBCOMMITTEE. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: DAN BERNAL.

MR. BERNAL: PRESENT.

MS. BONNEVILLE: ANNE-MARIE DULIEGE. YSABEL DURON.

MS. DURON: HERE.

MS. BONNEVILLE: MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: HERE.

MS. BONNEVILLE: FRED FISHER.

DR. FISHER: HERE.

MS. BONNEVILLE: ELENA FLOWERS.

DR. FLOWERS: HERE.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY. DAVID HIGGINS.

DR. HIGGINS: HERE.

MS. BONNEVILLE: STEVE JUELGAARD.

MR. JUELGAARD: HERE.

MS. BONNEVILLE: RICH LAJARA.

MR. LAJARA: HERE.

MS. BONNEVILLE: DAVE MARTIN. WE HAD

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1 DAVE. WE'LL COME BACK TO HIM. CHRISTINE  
2 MIASKOWSKI.  
3 DR. MIASKOWSKI: PRESENT.  
4 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
5 MS. MILLER-ROGEN: HERE.  
6 MS. BONNEVILLE: ADRIANA PADILLA.  
7 DR. PADILLA: HERE.  
8 MS. BONNEVILLE: JOE PANETTA.  
9 MR. PANETTA: HERE.  
10 MS. BONNEVILLE: AL ROWLETT.  
11 MR. ROWLETT: PRESENT.  
12 MS. BONNEVILLE: JONATHAN THOMAS.  
13 CHAIRMAN THOMAS: HERE.  
14 MS. BONNEVILLE: ART TORRES.  
15 MR. TORRES: HERE.  
16 MS. BONNEVILLE: KAROL WATSON.  
17 DR. WATSON: HERE.  
18 MS. BONNEVILLE: THANK YOU. WE HAVE A  
19 QUORUM.  
20 CHAIRMAN THOMAS: THANK YOU, MARIA.  
21 BEFORE WE GET TO THE ACTION ITEMS, AL,  
22 STEVE, OR GIL, DO YOU WANT TO MAKE ANY PRELIMINARY  
23 COMMENTS?  
24 MR. JUELSGAARD: IT WOULD BE CONSIDERED  
25 GLOATING, SO NO.

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1 MR. ROWLETT: I AGREE WITH MY COLLEAGUE,  
2 MR. JUELSGAARD.

3 CHAIRMAN THOMAS: THANK YOU. GIL, ANY  
4 COMMENTS?

5 DR. SAMBRANO: NO COMMENTS FROM ME. THANK  
6 YOU THOUGH.

7 MR. TORRES: THE ONLY COMMENT I HAVE IS IN  
8 TODAY'S *CHRONICLE*, THEY HAD A WONDERFUL STORY ON TWO  
9 YOUNG WINEMAKERS WHO ARE PICKING GRAPES FROM OLD  
10 ITALIAN VINEYARDS OUTSIDE THE DODGER STADIUM.

11 MS. DURON: IS THAT USING STEM CELLS?

12 DR. MARTIN: YES, HAS TO BE.

13 MS. DURON: AND THE COMMENT IS ACCEPTED.  
14 IT'S NOT OUT OF BOUNDS.

15 CHAIRMAN THOMAS: OKAY. NOW THAT WE'VE  
16 GOT THAT OUT OF THE WAY -- THANK YOU, ART -- MOVE ON  
17 TO THE ACTION ITEMS. FIRST ONE IS CONSIDERATION OF  
18 APPLICATIONS SUBMITTED IN RESPONSE TO PROGRAM  
19 ANNOUNCEMENT FOR THE CIRM SCHOLAR RESEARCH TRAINING  
20 AWARDS, THE SO-CALLED EDUCATION 4 AWARDS. WE'LL  
21 FIRST HAVE A PRESENTATION FROM GIL.

22 DR. SAMBRANO: GOOD MORNING, EVERYONE. I  
23 JUST NEED TO SHARE MY SCREEN. IT'S NOT DOING IT.  
24 GIVE ME A SECOND.

25 MS. BONNEVILLE: GIL, DO YOU WANT US TO

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1 GET THE ONE THAT'S POSTED ON THE WEBSITE UP AND  
2 RUNNING?

3 DR. SAMBRANO: YEAH, MAYBE. I DON'T KNOW  
4 WHY THIS COMPUTER IS NOT DOING IT.

5 MS. BONNEVILLE: DOUG, CAN YOU GRAB THAT.

6 DR. SAMBRANO: THANK YOU SO MUCH, DOUG.  
7 CAN YOU GO ON TO THE NEXT SLIDE.

8 SO THESE ARE THE RECOMMENDATIONS FROM THE  
9 GRANTS WORKING GROUP AS IT PERTAINS TO THE RESEARCH  
10 TRAINING PROGRAM FOR THE CIRM RESEARCH SCHOLARS. SO  
11 THIS SLIDE, JUST TO REMIND EVERYBODY, THAT WE  
12 CONTINUE TO FUND OPPORTUNITIES ACROSS ALL OF OUR  
13 PILLARS FROM DISCOVERY, TRANSLATION, CLINICAL, AND  
14 INFRASTRUCTURE, AND IN THIS CASE EDUCATION.

15 ON THE NEXT SLIDE IS A REMINDER OF THE  
16 DIFFERENT TYPES OF PROGRAMS THAT WE SUPPORT UNDER  
17 THE EDUCATION PILLAR. SO WE SUPPORT EVERYTHING FROM  
18 HIGH SCHOOL THROUGH CLINICAL FELLOWS. RECENTLY WE  
19 HAD THE BRIDGES PROGRAM THAT GOT RELAUNCHED, AND  
20 WE'RE IN THE PROCESS OF LAUNCHING THOSE NEW AWARDS.  
21 THERE WERE 15 FOR THE BRIDGES PROGRAM THAT WERE  
22 RELAUNCHED. WE HAVE APPLICATIONS IN FOR THE SPARK  
23 HIGH SCHOOL PROGRAM. AND, OF COURSE, THIS PROGRAM  
24 THAT WE'RE GOING TO BE TALKING ABOUT TODAY IS THE  
25 RESEARCH TRAINING THAT COVERS PREDOCTORAL,

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1 POSTDOCTORAL, AND CLINICAL FELLOW AWARDS.

2 FROM A HISTORICAL PERSPECTIVE, WE'VE  
3 SUPPORTED THESE TYPES OF PROGRAMS IN THE PAST FROM  
4 2006 THROUGH 2016 IN PARTICULAR FOR THE RESEARCH  
5 TRAINING AWARDS. THE OBJECTIVE WAS TO CREATE A  
6 DIVERSE CADRE OF SCIENTISTS WITH KNOWLEDGE AND SKILL  
7 IN STEM CELL RESEARCH THAT WE TERM CIRM SCHOLARS  
8 AGAIN TARGETING PH.D. STUDENTS, POST-DOCS, AND  
9 M.D.'S.

10 SO EACH INSTITUTION UNDER THIS OLD PROGRAM  
11 OFFERED A SINGLE, INTEGRATED PROGRAM OF TRAINING  
12 THAT WAS APPROPRIATE FOR THE EDUCATIONAL LEVELS THAT  
13 THEY OFFERED AT THEIR OWN INSTITUTION. SO IF, FOR  
14 EXAMPLE, THEY HAD A GRADUATE PROGRAM, THEY COULD  
15 THEN OFFER TO TRAIN PH.D. STUDENTS; OR IF THEY HAD A  
16 MEDICAL SCHOOL OR A CLINICAL PROGRAM, THEY COULD  
17 OFFER TO TRAIN CLINICAL M.D.'S. AND SO THOSE WERE  
18 OFFERED UP UNTIL 2016. I THINK THE LAST ONE CLOSED  
19 IN 2017. WE DIDN'T RENEW THE PROGRAM AT THAT POINT,  
20 I THINK, IN TERMS OF ASSESSING PRIORITIES OF CIRM AT  
21 THE TIME WITH THE TAIL END OF PROP 71 FUNDS. WE  
22 DETERMINED THAT WE WOULD NOT ISSUE ANOTHER CYCLE OF  
23 THOSE. BUT NOW THAT WE ARE RELAUNCHING PROGRAMS, WE  
24 DECIDED TO GO FORWARD WITH A NEW PROGRAM. SO THE  
25 NEXT SLIDE PLEASE.

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1           THIS IS STILL HISTORICAL INFORMATION.  
2           THIS IS JUST TO SHOW A GENERAL MAP OF THE  
3           DISTRIBUTION OF PROGRAMS THAT WE HAD IN THE PAST  
4           WHICH COVERED FROM NORTH TO SOUTH CALIFORNIA. NEXT  
5           SLIDE PLEASE.

6           THAT PROGRAM TRAINED ABOUT 940 SCHOLARS  
7           AND HAD MOSTLY POSTDOCTORAL FELLOWS, BUT A HIGH  
8           REPRESENTATION OF PH.D. STUDENTS AND M.D.'S AS WELL.  
9           THE RESEARCH THAT WAS CONDUCTED BY THESE TRAINEES  
10          DURING THE COURSE OF THEIR TENURE, USUALLY ABOUT TWO  
11          TO THREE YEARS, WAS OVER A THOUSAND PUBLICATIONS  
12          THAT CITED SPECIFICALLY SUPPORT FROM THE TRAINING  
13          GRANT PROGRAM. AND WE DID A SURVEY IN 2013. OUT OF  
14          430 OR SO, WE LEARNED THAT 56 PERCENT OF THE  
15          TRAINEES AT THE TIME, ONCE THEY FINISHED, CONTINUED  
16          ON TO FURTHER TRAINING, WHICH MAKES SENSE FOR MANY  
17          OF THEM, PARTICULARLY THE PREDOC STUDENTS. 14  
18          PERCENT ADVANCED TO ACADEMIC RESEARCH FACULTY  
19          POSITIONS, 10.5 ADVANCED TO AN INDUSTRY POSITION,  
20          AND 12 ADVANCED TO SOME OTHER TYPE OF POSITION SUCH  
21          AS TEACHING OR MEDICAL PRACTICE. NEXT SLIDE PLEASE.

22          SO FOR THE 2021 CIRM SCHOLARS TRAINING  
23          PROGRAM, WE OPENED THIS UP TO CALIFORNIA  
24          UNIVERSITIES AND COLLEGES AND NONPROFIT ACADEMIC  
25          RESEARCH INSTITUTIONS AS WE DID BEFORE. THE BOARD

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1 APPROVED UP TO 100 MILLION TO SUPPORT UP TO 20  
2 AWARDS. EACH AWARD PROVIDES UP TO FIVE MILLION FOR  
3 UP TO FIVE YEARS FOR THE PROGRAM. AND THIS SUPPORT  
4 CAN BE FOR ANY COMBINATION OF PREDOC, POSTDOC, OR  
5 CLINICAL TRAINEES AS IS APPROPRIATE FOR THE  
6 INSTITUTION.

7 SO NOW INTO THE WAY THE GRANTS WORKING  
8 GROUP SCORED THESE AND ASSESSED THESE. THE SCORING  
9 SYSTEM THAT WAS USED FOR THIS WAS ON A SCALE OF 1 TO  
10 100 WITH 85 TO 100 BEING A RECOMMENDATION TO FUND.  
11 ANYTHING BELOW THAT IS NOT RECOMMENDED FOR FUNDING.  
12 NEXT SLIDE PLEASE.

13 THE REVIEW CRITERIA THAT WERE USED ARE THE  
14 FOLLOWING: DOES THE PROPOSED PROGRAM HOLD THE  
15 NECESSARY SIGNIFICANCE AND POTENTIAL FOR IMPACT,  
16 MEANING WHAT VALUE IT PROVIDES OVERALL AND WHAT  
17 IMPACT IT WILL HAVE ON THE TRAINEES? SECONDLY, IS  
18 THE TRAINING PROGRAM WELL PLANNED AND DESIGNED? IS  
19 IT PRACTICAL AND ACHIEVABLE? AND FINALLY, DO THEY  
20 HAVE A TRACK RECORD AND OUTCOMES FROM A PRIOR  
21 TRAINING PROGRAM, WHETHER CIRM OR OTHERWISE, THAT  
22 DEMONSTRATES SUCCESS? NEXT SLIDE PLEASE.

23 SO THIS IS A SUMMARY OF THE GWG  
24 RECOMMENDATIONS RELATED TO THIS PROGRAM. WE HAD 18  
25 APPLICATIONS THAT WERE SUBMITTED. THERE WERE 18

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1 THAT WERE RECOMMENDED FOR FUNDING FOR A TOTAL  
2 APPLICANT REQUEST OF ABOUT 86 OR JUST OVER 86  
3 MILLION. AND SINCE WE HAVE A HUNDRED MILLION  
4 AVAILABLE, WE ARE CERTAINLY WITHIN THE BUDGET TO  
5 FUND ALL OF THE ONES THAT ARE RECOMMENDED. THE CIRM  
6 TEAM RECOMMENDATION IS TO FUND ALL 18 PROJECTS THAT  
7 HAVE A SCORE OF 85 OR GREATER.

8 SO THAT IS THE SLIDE PRESENTATION. AND IF  
9 YOU COULD PUT UP THE EXCEL SHEET, IF YOU HAVE IT,  
10 THAT SHOWS THE LISTING OF THE PROGRAMS.

11 THANK YOU. SO AS YOU CAN SEE, ALL OF THE  
12 PROGRAMS WERE RECOMMENDED FOR FUNDING AND SCORED  
13 BETWEEN 85 AND UP TO 98 IN TERMS OF THE RANGE OF  
14 SCORES. SO, MR. CHAIRMAN, THAT'S IT FOR ME FOR NOW.

15 CHAIRMAN THOMAS: THANK YOU VERY MUCH,  
16 GIL. DO WE HAVE A MOTION -- WE'RE GOING TO VOTE EN  
17 MASSE HERE -- MOTION TO APPROVE THE 18 RECOMMENDED  
18 PROGRAMS FOR FUNDING?

19 DR. MARTIN: I SO MOVE.

20 CHAIRMAN THOMAS: THANK YOU, DAVE. IS  
21 THERE A SECOND?

22 MR. ROWLETT: I SECOND.

23 CHAIRMAN THOMAS: THANK YOU, AL.  
24 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?

25 MS. DURON: YES, MR. CHAIR. THIS IS

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1 YSABEL .

2 CHAIRMAN THOMAS: HELLO, YSABEL .

3 MS. DURON: GOOD MORNING, EVERYBODY .

4 COUPLE OF QUESTIONS HERE, ALTHOUGH I DID SEE SOME  
5 COMMENTS OR REMARKS LATER ON VIS-A-VIS A FEW OF THE  
6 PROGRAMS. WHAT I'D LIKE TO SEE US ADD, GIL, EVEN ON  
7 CRITERIA NO. 5, IS TRACKING OF DEI ALONG THESE  
8 PROGRAMS SO THAT WE ARE ASKING THEM TO GIVE US DATA  
9 SO THAT WE CAN KNOW THAT, IN FACT, THEY'RE GROWING  
10 WITHIN THE COMPLEMENT OF DOCS AND POSTDOCS, ET  
11 CETERA, ET CETERA, OR WHATEVER STAGE OF EDUCATION  
12 THEY'RE AT, THAT THEY'RE ACTUALLY INCREASING THE  
13 NUMBERS OF REPRESENTATIVES AND STUDENTS FROM  
14 COMMUNITIES OF COLOR WHERE THEY'RE UNDERREPRESENTED,  
15 PARTICULARLY AT THE PH.D. LEVEL. AND SO THAT WE CAN  
16 BEGIN TO ADDRESS HOW ARE WE GOING TO GROW THE  
17 ABILITY FOR THESE YOUNG KIDS WHO NOT ONLY COME INTO  
18 THESE TRAINING PROGRAMS, BUT SUCCEED IN THESE  
19 TRAINING PROGRAMS .

20 I'M NOT IN MY MIND GETTING ENOUGH  
21 FEEDBACK, AND I KNOW THAT GIL ADDRESSED IT AT ONE  
22 POINT. I WANT TO SEE WHAT PERCENTAGE OF DIVERSITY  
23 IS REPRESENTED IN EACH OF THESE PROGRAMS AND HOW  
24 THEY'RE SHOWING PROGRESSION OVER TIME THAT THEY ARE  
25 DELIBERATELY AND INTENTIONALLY TAKING STEPS TO

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1 IMPROVE THEIR RECRUITMENT AND SUPPORTING SUCCESS OF  
2 THESE STUDENTS AS THEY GO THROUGH THESE PROGRAMS,  
3 PROCESSES, PROJECTS. SO WE'RE GOING TO GET  
4 REPRESENTATIONS THROUGHOUT THE STATE WITH SOME  
5 EQUALITY OVER TIME. THIS IS BASICALLY A  
6 MINORITY/MAJORITY STATE. AND WE NEED TO MAKE SURE  
7 THAT THESE STUDENTS ARE HERE, REPRESENTED, LEARNING,  
8 AND ABLE TO MOVE THE STATE FORWARD IN STEM CELL AND  
9 ALL OTHER RESEARCH.

10 SO I THINK WE NEED SOME MORE CLARITY,  
11 MAYBE MORE DEFINITIVE ON A CRITERIA AS I'M VIEWING  
12 THIS. AND I DON'T KNOW IF NOW IS THE TIME TO  
13 ACTUALLY BRING IT UP, BUT I JUST FELT THAT I NEEDED  
14 TO SAY THAT.

15 DR. SAMBRANO: THAT'S AN EXCELLENT  
16 QUESTION, AND IT'S AN IMPORTANT ELEMENT THAT WE DID  
17 INCORPORATE FOR THIS PARTICULAR CYCLE BECAUSE THESE  
18 ARE THINGS THAT WE WANTED TO ENSURE. ALTHOUGH IN  
19 THE PAST WE HAVE TRACKED THE RACIAL, ETHNIC, AND  
20 GENDER DIVERSITY OF TRAINEES, EACH TRAINEE THAT'S  
21 APPOINTED, WE HAVE AN APPOINTMENT FORM FOR THEM SO  
22 THAT WE CAN TRACK A LOT OF THIS INFORMATION. BUT WE  
23 MADE IT A POINT, AND IT WAS PART OF WHAT WAS  
24 ASSESSED BY THE GWG, WAS NOT ONLY THEIR TRACK  
25 RECORD, BUT THEIR PLANS FOR HOW THEY WILL DIVERSIFY

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1 THE COHORT OF STUDENTS THAT COME IN AND HOW THEY  
2 WILL TRACK. AND SO YOU MAY SEE IN SOME OF THE  
3 SUMMARIES SOME OF THE CRITIQUES FROM REVIEWERS  
4 RELATED TO HOW GOOD THEIR PLAN IS OR IN SOME CASES  
5 THAT IT NEEDS WORK. SO IT IS AN IMPORTANT ELEMENT  
6 THAT WE'VE INCORPORATED.

7 ONE OF THE OTHER THINGS THAT WE WANT TO DO  
8 IS ALSO, AND THIS WAS RECOMMENDED BY THE GWG, TO  
9 FIND A WAY TO ESTABLISH BEST PRACTICES AMONG THE  
10 PROGRAMS SO THERE IS THE BENEFIT OF HAVING ALL OF  
11 THESE PROGRAMS WHERE THE PROGRAM DIRECTORS CAN LEARN  
12 FROM ONE ANOTHER AND SHARE BEST PRACTICE  
13 INFORMATION. I THINK A LOT OF THAT MAY COME FROM  
14 HAVING JOINT MEETINGS WITH THEM AS WELL AS JUST OUR  
15 ONGOING MONITORING OF THESE PROGRAMS.

16 SO IT'S A GREAT QUESTION AND SOMETHING  
17 THAT WE ARE THINKING ABOUT CERTAINLY AS WE MOVE  
18 FORWARD WITH THESE PROGRAMS.

19 MS. DURON: FOLLOW-UP, MR. CHAIR?

20 CHAIRMAN THOMAS: CERTAINLY.

21 MS. DURON: WHAT I THINK I'D REALLY LOVE  
22 TO SEE, GIL, THOUGH, IS I'D LIKE TO SEE IT ON PAPER  
23 AND A REPORT SO I CAN STOP GUESSING ABOUT HOW WELL  
24 THEY'RE DOING AND ALSO ALLOW THE PUBLIC AT SOME  
25 POINT IN TIME TO HAVE ACCESS TO SEE HOW WELL WE ARE

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1 DOING IN MAKING SURE THAT THERE IS, IN FACT, A  
2 DIVERSITY REPRESENTED FOR THE STUDENTS AND THE  
3 ACCESS TO BE ABLE TO TRAIN IN THESE KINDS OF  
4 PROGRAMS. SOMEONE DOESN'T WANT ME TO TALK.

5 THE OTHER THING I WANTED TO SEE, BECAUSE I  
6 SAW THE GEOGRAPHIC MAP OF WHICH INSTITUTIONS ARE  
7 ENGAGED AND IT'S VERY COASTAL, WHAT ARE WE DOING TO  
8 BRING IN CENTRAL VALLEY AND OTHER COLLEGES AND/OR  
9 UNIVERSITIES THERE WHERE THERE'S A LOT OF  
10 UNDERREPRESENTATION, I THINK, IN OUR FUNDING AND OUR  
11 RESEARCH AS WELL AS OUR STUDENT OPPORTUNITIES TO GET  
12 ENGAGED. EVEN IF WE HAVE INSTITUTIONS IN TERMS OF  
13 BEST PRACTICES, TALK ABOUT BIG BROTHER KINDS OF  
14 PROGRAMS WHERE THEY WILL REACH OUT TO AN INSTITUTION  
15 THAT IS NOT REPRESENTED AND SEE IF THEY CAN'T BRING  
16 SOME OF THEIR STUDENTS TO CO-PARTNER IN THE PROGRAM  
17 OR OTHER ACADEMICS TO CO-PARTNER WITH THEM IN A  
18 RESEARCH PROJECT.

19 I JUST WORRY THAT WE ARE LOSING, IN FACT,  
20 SOME OF THAT DIVERSITY BY NOT BRINGING IN SOME OF  
21 THESE INSTITUTIONS, THE STATE COLLEGES AND THE  
22 MIDDLE-OF-THE-VALLEY INSTITUTIONS. I DON'T KNOW IF  
23 ANYBODY ELSE, MAYBE ADRIANA PADILLA MIGHT HAVE SOME  
24 IDEAS ABOUT THAT AS WELL. I'M JUST CONCERNED.

25 DR. PADILLA: YSABEL, I TOTALLY AGREE. I

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1 THINK IT'S BEEN A CHALLENGE TO BRING IN FOLKS FROM  
2 INSTITUTIONS FROM THE VALLEY. AND I'M NOT SURE IF  
3 THEY'RE JUST NOT GETTING THE INFORMATION, IF THEY'RE  
4 JUST NOT BEING ENCOURAGED. I LIKE YOUR IDEA OF THE  
5 BIG BROTHER PHILOSOPHY, HAVING INSTITUTIONS FROM BIG  
6 CITIES WHERE USUALLY THE MEDICAL SCHOOLS ARE LOCATED  
7 REACH OUT TO INLAND EMPIRE, CENTRAL VALLEY, NORTH  
8 FRONTIER AREAS FOR THE COMMUNITY COLLEGES OR THE  
9 STATE INSTITUTIONS TO GET INVOLVED.

10 I DON'T KNOW WHAT ELSE TO DO EXCEPT FOR  
11 REALLY DO MORE REACH-OUT, MORE INFORMATION, MORE BIG  
12 BROTHER TYPE OF ACTIVITIES.

13 CHAIRMAN THOMAS: THANK YOU, YSABEL, FOR  
14 THAT SUGGESTION. THANK YOU, ADRIANA, FOR YOUR  
15 COMMENTS. I THINK THAT IS A VERY GOOD IDEA. THIS  
16 IS AN OUTSTANDING PROGRAM. WE'VE SEEN FROM GIL'S  
17 STATS FROM THE EARLIER ITERATION THE TREMENDOUS  
18 VALUE THIS ADDS TO OUR CONTINUUM OF EDUCATION  
19 PROGRAMS. SO THE MORE WE CAN DO TO ENCOURAGE  
20 REPRESENTATION THROUGHOUT THE STATE CLEARLY THE  
21 BETTER. SO THANK YOU, YSABEL, FOR RAISING THAT  
22 POINT.

23 OTHER COMMENTS OR QUESTIONS FROM MEMBERS  
24 OF THE BOARD?

25 DR. FISHER: SORT OF ALONG THE LINES OF

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1 THE ISSUE THAT YSABEL IS RAISING, I'M WONDERING, AND  
2 MAYBE THIS IS FOR ANOTHER TIME, HOW DO INSTITUTIONS  
3 THAT PROVIDE TRAINING LEARN OF THIS OPPORTUNITY? IT  
4 SEEMS LIKE THAT WOULD BE PART OF THE KIND OF  
5 OUTREACH NECESSARY TO DIVERSIFY THE CADRE OF  
6 STUDENTS BEING ENGAGED, BUT IT STARTS WITH THE  
7 INSTITUTION KNOWING ABOUT THE FUNDING AND GOING  
8 THROUGH THE PROCESS. I'M UNFAMILIAR WITH WHAT CIRM  
9 DOES TO MARKET THESE OPPORTUNITIES THROUGHOUT THE  
10 STATE TO VARIOUS INSTITUTIONS, BOTH CLINICAL AND  
11 RESEARCH ORIENTED.

12 CHAIRMAN THOMAS: GIL, WOULD YOU LIKE TO  
13 ANSWER THAT PLEASE?

14 DR. SAMBRANO: SURE. SO WE ISSUE A  
15 SOLICITATION FOR THESE. WHERE WE CAN, WE CERTAINLY  
16 DO SORT OF A -- WE HAVE A LISTSERV AND DO A BULK  
17 EMAIL OUT TO DIFFERENT INSTITUTIONS TO MAKE THEM  
18 AWARE OF THESE OPPORTUNITIES. I THINK ALSO WITHIN  
19 EACH PROGRAM, ONE OF THE THINGS THAT WE ENCOURAGE  
20 AND WILL CONTINUE TO DO SO AS WE MONITOR THEM IS TO  
21 PARTNER WITH OTHER INSTITUTIONS THROUGHOUT  
22 CALIFORNIA IN TERMS OF DIVERSIFYING THEIR COHORT OF  
23 STUDENTS AND TO DO OUTREACH THEMSELVES IN RECRUITING  
24 PRE-DOCS, POST-DOCS, AND MEDICAL FELLOWS.

25 SO I THINK IT'S BOTH BEFORE THEY APPLY AND

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1 BECOMING AWARE OF THIS; BUT ALSO, EVEN ONCE WE FUND  
2 EACH OF THESE PROGRAMS, THERE ARE WAYS IN WHICH WE  
3 CAN SUPPORT THEM AND ENCOURAGE THEM TO DO MORE  
4 OUTREACH THAT MAY ALLOW A GREATER DIVERSIFICATION OF  
5 THEIR STUDENT POPULATIONS.

6 DR. FISHER: MY QUESTION WAS MORE HOW DO  
7 THE, FOR THE LACK OF A BETTER TERM, PI'S ON THESE  
8 REQUESTS KNOW THAT SUCH A FUNDING OPPORTUNITY IS  
9 AVAILABLE?

10 DR. SAMBRANO: RIGHT. SO WHAT WE DO IS WE  
11 DO EMAIL BLASTS OUT TO DIFFERENT INSTITUTIONS TO LET  
12 THEM KNOW. SO A LOT OF IT IS REALLY REACHING OUT TO  
13 PEOPLE THAT WE KNOW, BUT I THINK THERE MAY BE BETTER  
14 WAYS OF DOING IT THAT WE ARE HAPPY TO CONSIDER IN  
15 TERMS OF HOW TO IMPROVE THE OUTREACH TO OTHER  
16 INSTITUTIONS THAT MAYBE AREN'T GETTING THE WORD.

17 DR. FISHER: SO IF WE HAVE SOMEONE WHO IS  
18 INTERESTED, IS IT REASONABLE FOR US TO REFER THEM TO  
19 YOU TO ADD THEIR NAME ONTO THE LIST?

20 DR. SAMBRANO: OH, ABSOLUTELY, YES.

21 DR. FISHER: OKAY. THANKS.

22 CHAIRMAN THOMAS: ANY OTHER QUESTIONS OR  
23 COMMENTS FROM MEMBERS OF THE BOARD?

24 MR. TORRES: ONE OTHER WAY TO REACH OUT IS  
25 THROUGH THE CHANCELLOR'S OFFICE FOR THE COMMUNITY

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1 COLLEGES AND THE PRESIDENT'S OFFICE FOR THE STATE  
2 UNIVERSITY SYSTEM. THEIR PR PEOPLE MIGHT BE OF  
3 HELP. AND I DON'T KNOW WHETHER YOUR SHOP IS DOING  
4 THAT OR NOT, GIL. YOU MAY BE. SO JUST A  
5 SUGGESTION.

6 DR. MARTIN: I'M ECHOING. I'M TRYING NOT  
7 TO -- SORRY.

8 DR. FISHER: YOU MIGHT BE STILL ON YOUR  
9 PHONE AND YOUR COMPUTER AT THE SAME TIME.

10 CHAIRMAN THOMAS: TURN THE PHONE OFF,  
11 DAVE. THAT SHOULD HELP.

12 DR. MARTIN: LET'S TRY IT AGAIN. MY PHONE  
13 IS OFF.

14 AT THE PLANNING SESSION WEEK BEFORE LAST  
15 WE HAD ON THE NEURO DATA INTENSITY AND AI, ET  
16 CETERA, THERE WAS A QUESTION ASKED THAT I THOUGHT  
17 WAS REALLY PERTINENT, AND I DON'T RECALL WHO ASKED  
18 IT. WOULD THIS PROGRAM THAT WE WERE CONSIDERING  
19 PROVIDE A LEGACY FOR CIRM? AND THERE WAS QUITE A  
20 BIT OF DISCUSSION AROUND THAT. AND I TRIED TO MAKE  
21 THE COMMENT ON THAT, AND I WAS HAVING PROBLEMS EVEN  
22 BEING HEARD EVEN WITH AN ECHO.

23 AND I THINK MY COMMENT WAS THAT I BELIEVE  
24 THAT, AND THIS IS A GOOD POINT, THIS SPREADSHEET,  
25 THAT THE BIGGEST LEGACY FOR CIRM IS GOING TO BE ITS

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1 EDUCATIONAL PROGRAMS BECAUSE THOSE ARE GOING TO  
2 PERSIST FAR LONGER THAN THE MORE SENIOR TRAINED  
3 PEOPLE IN INSTITUTIONS AND PROFESSORS, ET CETERA.  
4 THIS TRAINING PROGRAM, AND THIS IS ONE OF THE MOST,  
5 I GUESS, PROLIFIC ONE AND WELL FUNDED ONE, IS REALLY  
6 IMPORTANT TO CIRM. GIL'S DATA SHOWS HOW IMPORTANT  
7 IT IS JUST IN TERMS OF NUMBERS.

8 CHAIRMAN THOMAS: AGREED. THANK YOU,  
9 DAVE. THANK YOU, ART, FOR THAT SUGGESTION. THAT  
10 WAS AN EXCELLENT SUGGESTION.

11 OTHER QUESTIONS OR COMMENTS FROM MEMBERS  
12 OF THE BOARD? ANY COMMENTS FROM MEMBERS OF THE  
13 PUBLIC? MARIA, DO WE SEE ANY PUBLIC COMMENT?

14 MS. BONNEVILLE: WE DO NOT.

15 CHAIRMAN THOMAS: OKAY. WILL YOU PLEASE  
16 THEN CALL THE ROLL.

17 MS. BONNEVILLE: DAN BERNAL.

18 MR. BERNAL: AYE.

19 MS. BONNEVILLE: AS A REMINDER, IF YOU  
20 HAVE A CONFLICT, PLEASE RESPOND YES OR NO EXCEPT FOR  
21 THOSE WITH WHICH I HAVE A CONFLICT. ANNE-MARIE  
22 DULIEGE. YSABEL DURON.

23 MS. DURON: YES.

24 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

25 DR. FISCHER-COLBRIE: AYE.

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1 MS. BONNEVILLE: FRED FISHER.

2 DR. FISHER: YES.

3 MS. BONNEVILLE: ELENA FLOWERS.

4 DR. FLOWERS: YES, EXCEPT FOR THOSE WITH  
5 WHICH I HAVE A CONFLICT.

6 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.  
7 DAVID HIGGINS.

8 DR. HIGGINS: YES.

9 MS. BONNEVILLE: STEVE JUELSGAARD.

10 MR. JUELSGAARD: YES.

11 MS. BONNEVILLE: RICH LAJARA.

12 MR. LAJARA: YES.

13 MS. BONNEVILLE: DAVE MARTIN. CHRISTINE  
14 MIASKOWSKI.

15 DR. MIASKOWSKI: YES, EXCEPT FOR THOSE  
16 WITH WHICH I HAVE A CONFLICT.

17 MS. BONNEVILLE: LAUREN MILLER-ROGEN.

18 MS. MILLER-ROGEN: YES.

19 MS. BONNEVILLE: ADRIANA PADILLA.

20 DR. PADILLA: YES.

21 MS. BONNEVILLE: JOE PANETTA.

22 MR. PANETTA: YES.

23 MS. BONNEVILLE: AL ROWLETT.

24 MR. ROWLETT: AYE.

25 MS. BONNEVILLE: JONATHAN THOMAS.

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1 CHAIRMAN THOMAS: YES.

2 MS. BONNEVILLE: ART TORRES.

3 MR. TORRES: AYE, EXCEPT FOR THOSE WITH  
4 WHICH I AM CONFLICTED.

5 MS. BONNEVILLE: KAROL WATSON.

6 DR. WATSON: YES, EXCEPT FOR THOSE WITH  
7 WHICH I HAVE A CONFLICT.

8 MS. BONNEVILLE: THANK YOU. THE MOTION  
9 CARRIES.

10 CHAIRMAN THOMAS: THANK YOU, MARIA. ON TO  
11 ACTION ITEM NO. 2, NO. 4 ON THE AGENDA,  
12 CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE  
13 TO CLINICAL TRIAL STAGE PROJECTS, PROGRAM  
14 ANNOUNCEMENT CLINS 1, 2, AND 3. PRESENTATION FROM  
15 GIL.

16 DR. SAMBRANO: THANK YOU. DOUG, COULD YOU  
17 PUT UP THE SLIDES FOR THE CLINICAL PROGRAM. THANK  
18 YOU.

19 NEXT SLIDE PLEASE. THESE ARE THE  
20 RECOMMENDATIONS FROM THE GRANTS WORKING GROUP ON THE  
21 LATEST CYCLE OF OUR CLINICAL PROGRAM. JUST A  
22 REMINDER OVERALL OF THE PROGRAM. THE CLINICAL STAGE  
23 OPPORTUNITY IS AVAILABLE FOR PROJECTS THAT ARE LATE  
24 STAGE PRECLINICAL THAT ARE DOING IND-ENABLING WORK.  
25 THAT'S THE CLIN1. THERE'S ALSO THE OPPORTUNITY TO

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1 SUPPORT THE COMPLETION OF A CLINICAL TRIAL ITSELF.  
2 THAT'S THE CLIN2 PROGRAM. AND THEN SUPPLEMENTAL  
3 FUNDS FOR ACCELERATING ACTIVITIES, THAT'S THE CLIN 3  
4 PROGRAM.

5 NEXT SLIDE PLEASE. SO THIS IS A VIEW OF  
6 OUR BUDGET THAT WAS ALLOCATED, AND IT IS ALLOCATED  
7 ON AN ANNUAL BASIS BY THE BOARD FOR THE CLINICAL  
8 PROGRAM. THERE WAS 162 MILLION THAT WAS DEDICATED  
9 TO SUPPORT CLINICAL PROGRAMS. THE AMOUNT THAT'S  
10 REQUESTED FOR THE ONE APPLICATION THAT'S BEING  
11 CONSIDERED TODAY IS ABOUT 12 MILLION. WE HAVE 31  
12 MILLION IN APPROVED AWARDS FROM THE LAST CYCLE THAT  
13 INCLUDED, I THINK IT WAS, THREE APPLICATIONS. AND  
14 WE HAVE ABOUT 119 REMAINING ASSUMING THAT TODAY'S  
15 APPLICATION IS APPROVED.

16 NEXT SLIDE PLEASE. SO THE REVIEW CRITERIA  
17 THAT ARE UTILIZED BY THE GRANTS WORKING GROUP TO  
18 ASSESS CLINICAL PROGRAMS ARE THESE FIVE BASIC  
19 QUESTIONS. DOES THE PROJECT HOLD THE NECESSARY  
20 SIGNIFICANCE AND POTENTIAL FOR IMPACT, MEANING WHAT  
21 IS ITS VALUE AND IS THIS WORTH IT? DOES IT HAVE A  
22 SOUND RATIONALE? IS IT WELL PLANNED AND DESIGNED?  
23 IS IT FEASIBLE, INCLUDING DO THEY HAVE ALL THE  
24 AVAILABLE RESOURCES AND APPROPRIATE INDIVIDUALS  
25 INCLUDED ON THEIR TEAM? AND THEN, FINALLY, DOES THE

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1 PROJECT ADDRESS THE NEEDS OF UNDERSERVED  
2 COMMUNITIES? NEXT SLIDE PLEASE.

3 THE SCORING SYSTEM FOR CLINICAL  
4 APPLICATIONS USES A SYSTEM OF 1, 2 OR 3. SOMETHING  
5 WITH A SCORE OF 1 MEANING IT HAS EXCEPTIONAL MERIT.  
6 SO A SCORE OF 1 MEANS EXCEPTIONAL MERIT AND WARRANTS  
7 FUNDING. A SCORE OF 2 MEANS THAT IT NEEDS  
8 IMPROVEMENT, AND TYPICALLY THOSE APPLICATIONS GO  
9 BACK TO THE APPLICANT FOR REVISION AND GETS A  
10 REVISIT BY THE GRANTS WORKING GROUP AT THE NEXT  
11 AVAILABLE CYCLE. OR A SCORE OF 3 IN WHICH IT IS  
12 SUFFICIENTLY FLAWED AND DOESN'T WARRANT FUNDING AT  
13 THIS TIME. NEXT SLIDE PLEASE.

14 SO ELEMENTS IN THE CIRM APPLICATION,  
15 THERE'S A COUPLE OF THEM THAT I JUST WANT TO MENTION  
16 THAT ARE RELATED TO DIVERSITY IN GENERAL. ONE IS  
17 ADDRESSING THE NEEDS OF UNDERSERVED COMMUNITIES.  
18 THAT'S AN ELEMENT THAT HAS BEEN INCORPORATED INTO  
19 OUR APPLICATIONS AND INTO THE REVIEW PROCESS NOW FOR  
20 WELL OVER A YEAR. SO THIS SECTION DESCRIBES THE  
21 APPLICANT'S PLAN FOR OUTREACH AND ENROLLMENT OF A  
22 DIVERSE PATIENT COHORT THAT ACCOUNTS FOR RACIAL,  
23 ETHNIC, AND GENDER DIVERSITY. AND THE SECTION IS  
24 EVALUATED AS PART OF THE OVERALL PROJECT, AND IT'S  
25 INCORPORATED INTO THE SCIENTIFIC MERIT SCORE. SO

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1 THE SCORE YOU SEE OF 1, 2 OR 3 HAS INCORPORATED THE  
2 ELEMENTS OF ENROLLMENT AND OUTREACH PLAN AND SO ON  
3 BY THE SCIENTIFIC MEMBERS OF THE GWG.

4 IN ADDITION, WE ALSO HAVE A DIVERSITY,  
5 EQUITY, AND INCLUSION SECTION WHICH DESCRIBES HOW  
6 THE APPLICANT TEAM INCORPORATES DIVERSE PERSPECTIVES  
7 AND EXPERIENCES TO IMPROVE THE PROJECT THROUGH THE  
8 COMPOSITION OF THE TEAM ITSELF, THROUGH THEIR  
9 TRAINING, AND ANY OTHER APPROACHES THAT THEY MAY  
10 HAVE TO INCLUDE AND SHOW A COMMITMENT TO DEI. AND  
11 THIS SECTION IS EVALUATED AND SCORED BY THE PATIENT  
12 ADVOCATE AND/OR NURSE MEMBERS OF THE BOARD AND SHOWN  
13 IN THE DEI SCORE WHICH RANGES FROM ZERO TO TEN WITH  
14 TEN BEING THE BEST POSSIBLE SCORE FOR DEI. NEXT  
15 SLIDE PLEASE.

16 SO THIS IS THE SPECIFIC APPLICATION THAT'S  
17 UNDER CONSIDERATION. IT IS CLIN2-12563. AND THIS  
18 IS A T-CELL IMMUNOTHERAPY FOR PATIENTS WITH  
19 HEMATOLOGIC MALIGNANCIES. SO THE THERAPY ITSELF IS  
20 A CELL THERAPY PRODUCT. IT'S ALLOGENEIC T-CELLS  
21 THAT ARE ENRICHED FOR REGULATORY T-CELLS THAT ARE  
22 INFUSED FOLLOWING HEMATOPOIETIC STEM CELL  
23 TRANSPLANT.

24 THE INDICATION IS FOR ANY HEMATOLOGIC  
25 MALIGNANCY THAT REQUIRES HSCT TRANSPLANT IN ORDER TO

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1 FOLLOW UP.

2 THE GOAL OF THIS CLINICAL TRIAL IS TO  
3 COMPLETE A PHASE 1/1B TRIAL AND SELECT A PHASE 2  
4 DOSE TO ASSESS SAFETY AND INITIAL EFFICACY. THE  
5 FUNDS REQUESTED FOR THIS TRIAL ARE JUST UNDER 12  
6 MILLION. NEXT SLIDE PLEASE.

7 A LITTLE BACKGROUND ON THE INDICATION. SO  
8 HEMATOLOGIC MALIGNANCIES ARE THINGS SUCH AS ACUTE  
9 LEUKEMIAS, LYMPHOMAS THAT ARE MOST COMMON IN  
10 CHILDREN AND YOUNG ADULTS. THE CURRENT STANDARD OF  
11 CARE, PARTICULARLY FOR THE HIGH RISK OR REFRACTORY  
12 CANCERS OF THIS TYPE, IS CHEMOTHERAPY AND MAYBE  
13 FOLLOWED BY ALLOGENEIC HEMATOPOIETIC STEM CELL  
14 TRANSPLANT THAT COULD OFFER A CURE. HOWEVER, THERE  
15 IS OFTEN A LACK OF MATCHED DONORS AS WELL AS A HIGH  
16 RISK OF REJECTION OR GRAFT VERSUS HOST DISEASE WHERE  
17 THE GRAFT OR THE TRANSPLANT, BECAUSE IT HAS IMMUNE  
18 CELLS, CAN ACTUALLY ATTACK THE PATIENT ITSELF.

19 THE PROPOSED THERAPY OFFERS THE  
20 OPPORTUNITY FOR GREATLY IMPROVING OUTCOMES FOR  
21 PATIENTS THAT ARE UNDERGOING HEMATOPOIETIC STEM CELL  
22 TRANSPLANT BY REDUCING THE INCIDENCE OF THE GRAFT  
23 VERSUS HOST DISEASE AND PROVIDING AN OPPORTUNITY FOR  
24 RECONSTITUTION OF THE IMMUNE SYSTEM TO HELP PREVENT  
25 INFECTION AND MAYBE EVEN HAVE ANTITUMOR EFFECTS.

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1                    WHY IS THIS A STEM CELL PROJECT? THIS  
2 IS -- THE THERAPEUTIC CANDIDATE IS MANUFACTURED IN  
3 CD4 POSITIVE T-CELL PROGENITOR CELLS, AND IT IS ALSO  
4 COMBINED WITH A HEMATOPOIETIC STEM CELL TRANSPLANT  
5 AS A COMBINATION PRODUCT. NEXT SLIDE PLEASE.

6                    IN TERMS OF SIMILAR PROJECTS IN OUR  
7 PORTFOLIO, THIS IS A PRETTY UNIQUE PROJECT, ALTHOUGH  
8 WE HAVE OTHER PROPOSED CELL THERAPIES FOR CANCERS,  
9 WE DON'T HAVE AN ACCOMPANYING IMMUNOTHERAPY THAT'S  
10 AIMED AT REDUCING GRAFT VERSUS HOST DISEASE  
11 SPECIFICALLY. NEXT SLIDE PLEASE.

12                    AND THIS APPLICANT DOES NOT HAVE PREVIOUS  
13 CIRM FUNDING. NEXT SLIDE.

14                    AND SO THE SUMMARY OF THE REVIEW IS AS  
15 FOLLOWS. THE RECOMMENDATION FROM THE GWG IS TO  
16 FUND. IT RECEIVED A SCORE OF 1 WITH UNANIMOUS VOTE  
17 FROM THE GRANTS WORKING GROUP MEMBERS. THE DEI  
18 SCORE HAD A MEDIAN SCORE OF 9 FROM THE PATIENT  
19 ADVOCATE AND NURSE MEMBERS. THE CIRM TEAM  
20 RECOMMENDATION IS TO FUND THIS APPLICATION FOR A  
21 TOTAL AWARD AMOUNT OF UNDER 12 MILLION. MR.  
22 CHAIRMAN.

23                    CHAIRMAN THOMAS: DO WE HAVE A MOTION TO  
24 APPROVE?

25                    MS. DURON: SO MOVED.

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1 CHAIRMAN THOMAS: IS THERE A SECOND?

2 MR. ROWLETT: SECOND.

3 CHAIRMAN THOMAS: THANK YOU, YSABEL AND  
4 AL. ARE THERE QUESTIONS OR COMMENTS FROM MEMBERS OF  
5 THE BOARD?

6 MS. DURON: MR. CHAIR, MAY I HAVE A  
7 MOMENT?

8 CHAIRMAN THOMAS: YES.

9 MS. DURON: FIRST OF ALL, GIL, I DID NOTE  
10 ON THIS THAT YOU ADDED IN THE DEI COMMENTS OR SCORE  
11 FROM THE PATIENT ADVOCATES. AND I ALWAYS LIKE TO  
12 HEAR WHAT THOSE ARE IN THIS SORT OF THING. I  
13 APPRECIATED THE NOTES AND WHY THEY FELT THIS WAS A  
14 STRONG APPLICATION.

15 SECOND OF ALL, I JUST READ AN ARTICLE FROM  
16 LOMA LINDA UNIVERSITY LOOKING AT ALL IN LATINO KIDS.  
17 APPARENTLY THEY HAVE A MUCH HIGHER INCIDENCE AND  
18 MORTALITY RATE OF ALL THAN THEY OTHER GROUP. AND  
19 I'VE NOTED AND OVER THE YEARS HAVE SEEN AN  
20 INCREASING AMOUNT OF PEDIATRIC CANCER IN THE LATINO  
21 POPULATION. AND BECAUSE WE ARE ALSO A MUCH YOUNGER  
22 POPULATION THAN NON-HISPANIC WHITE, THIS REALLY  
23 BECOMES IMPORTANT TO START TO INTERVENE AS WE CAN IN  
24 THE YOUNGER POPULATION.

25 AND I APPRECIATED THIS PARTICULAR GRANT

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1 FOR THAT REASON AND WITH THAT KNOWLEDGE. BUT I  
2 THINK IT'S ALSO CRUCIAL TO NOTE THAT THIS IS THE  
3 EXACT REASON WHY WE NEED TO BE VERY COGNIZANT OF  
4 IMPACTS OF THESE DIFFERENT CANCERS ON COMMUNITIES OF  
5 COLOR BECAUSE I DARE TO SAY THAT IF YOU GO INTO SOME  
6 LOW-INCOME LATINO POPULATIONS WHERE THEY'RE SPANISH  
7 SPEAKING AND YOU START TALKING ABOUT CAR-T CELLS AND  
8 PLEASE JOIN IN OUR STUDY, THEY'RE NOT GOING TO  
9 UNDERSTAND A THING YOU SAY. AND, THEREFORE, I THINK  
10 IT'S VERY NECESSARY TO MAKE SURE THAT, ALONG WITH  
11 DOING THIS WONDERFUL RESEARCH, THAT THE EDUCATIONAL  
12 MATERIALS IN ENGLISH AND SPANISH AND OTHER LANGUAGES  
13 AS NECESSARY ARE MADE AVAILABLE SO THAT THE PATIENTS  
14 AND THE PATIENT FAMILIES CAN PERFECTLY UNDERSTAND  
15 WHAT'S GOING ON, WHY THIS IS HAPPENING, HOW IT CAN  
16 IMPACT THEIR CHILD. OTHERWISE I DON'T THINK THAT  
17 WE, AS CIRM, ARE DOING AS GOOD A JOB AS WE CAN TO  
18 INFORM BOTH THE PUBLIC AND THE PATIENTS THAT WE ARE  
19 TRYING TO SERVE HERE.

20 SO I REALLY APPRECIATE THIS PARTICULAR  
21 GRANT. SO I'M ALL FOR IT. BUT I'D LIKE SOME OF  
22 THAT ADDITIONAL INFORMATION TO BE SURE TO GO BACK TO  
23 THIS PARTICULAR RESEARCHER TO MAKE SURE THAT THEY'RE  
24 DOING ALL THEY CAN TO INFORM THE PUBLIC AND THE  
25 PATIENTS AND THE FAMILIES THEY'RE WORKING WITH ON

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1 THIS IN A MANNER IN WHICH THEY WILL UNDERSTAND WHY  
2 AND WHAT.

3 DR. MARTIN: I HAVE A COUPLE OF QUESTIONS.  
4 CAN YOU HEAR ME AT THIS POINT?

5 CHAIRMAN THOMAS: YES.

6 DR. MARTIN: MY FIRST QUESTION IS JUST A  
7 CLARIFICATION. MY UNDERSTANDING IS THIS IS NOT A  
8 CAR-T. THIS IS NOT AN ENGINEERED CELL. IT'S A CELL  
9 THAT IS DIFFERENTIATED FROM CD4 PRECURSOR CELLS; IS  
10 THAT CORRECT, GIL?

11 DR. SAMBRANO: YES, THAT'S CORRECT. SO  
12 IT'S NOT IN ANY WAY GENETICALLY MANIPULATED.

13 DR. MARTIN: MY SECOND QUESTION IS WHETHER  
14 THE DONOR FOR THE STEM CELL TRANSPLANT IS THE SAME  
15 DONOR FOR THIS ENRICHED POPULATION OF T-REGS.

16 DR. SAMBRANO: THAT'S A GREAT QUESTION. I  
17 WAS LOOKING FOR THAT MYSELF, AND I'M NOT SURE  
18 WHETHER THAT'S THE CASE OR NOT. I DON'T KNOW IF  
19 ABLA CREASEY OR ONE OF THE OTHER FOLKS AT CIRM KNOWS  
20 THE ANSWER TO THAT, WHETHER THE POPULATION IS FROM  
21 THE SAME DONOR FOR THE HSCT'S.

22 DR. MARTIN: I THINK THAT'S IMPORTANT  
23 BECAUSE YOU CAN REDUCE THE PROBABILITY OF REJECTION  
24 OF ONE COMPONENT AND NOT THE OTHER.

25 MS. BONNEVILLE: WE HAVE THE PRINCIPAL

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1 INVESTIGATOR ON THE LINE. SO, J.T., IF YOU WOULD  
2 LIKE THEM TO ANSWER, THAT'S AN OPTION RIGHT NOW.

3 CHAIRMAN THOMAS: YES.

4 DR. GRAZIA: THANK YOU FOR GIVING ME THE  
5 OPPORTUNITY TO ANSWER. SO THE CELLS ARE FROM THE  
6 DONOR OF THE STEM CELL TRANSPLANT. THEY ARE  
7 DIFFERENTIATED IN VITRO, AND THEY CONTAIN THE  
8 REGULATORY TYPE 1 CELLS FROM THE SAME DONOR.

9 DR. MARTIN: VERY GOOD. I FEEL BETTER  
10 ABOUT THAT, AND I SUSPECT THE PATIENT WILL AS WELL.

11 MS. DURON: AND I SAY, MR. CHAIR, THANK  
12 YOU TO DAVID FOR CORRECTING ME ON MY SLIGHT OR LESS  
13 THAN HIGH KNOWLEDGE ABOUT STEM CELLS. SO THANK YOU  
14 FOR THE CORRECTION, DAVE.

15 CHAIRMAN THOMAS: THANKS TO BOTH OF YOU.  
16 MARIA, I SAW THERE WAS ANOTHER HAND UP PRESUMABLY ON  
17 THAT QUESTION, ALTHOUGH I DON'T SEE IT ANYMORE.

18 MS. BONNEVILLE: I THINK THE QUESTION WAS  
19 ANSWERED.

20 DR. BERTAINA: YEAH. I JUST WOULD LIKE TO  
21 ADD SINCE IT WAS A VERY -- YOU RAISED THE POINT  
22 ABOUT THE COMMUNICATION IN THE RIGHT LANGUAGE, THAT  
23 ALL OUR INFORMED CONSENTS ARE FULLY TRANSLATED IN  
24 SPANISH FOR SURE BECAUSE THE LATINO POPULATION IS  
25 OUR MAIN POPULATION. AND AN IN-PERSON INTERPRETER

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1 IS ALWAYS PRESENT WHEN WE DISCUSS THIS WITH THE  
2 FAMILY. SO YOU CAN BE SURE THAT THE UNDERSTANDING  
3 IS VERY CLEAR.

4 MR. TORRES: AND, OF COURSE, YOU PROVIDE  
5 THE ITALIAN TRANSLATION, RIGHT?

6 DR. BERTAINA: YES.

7 MS. DURON: MAY I SAY SOMETIMES  
8 TRANSLATION ALONE IS NOT ENOUGH. THERE ARE CULTURAL  
9 NUANCES THAT NEED TO BE ADDRESSED EVEN IN CONSENTING  
10 IN. SO I'M SURE THAT YOU'RE DOING THAT, AND PERHAPS  
11 YOU HAVE ADDITIONAL INFORMATION THAT YOU CAN SHARE  
12 OVER TIME FOR OTHER RESEARCHERS WHO NEED TO KNOW  
13 THAT A TRANSLATION IN AND OF ITSELF DOESN'T ALWAYS  
14 GET THE JOB DONE FOR UNDERSTANDING.

15 DR. BERTAINA: SURE.

16 CHAIRMAN THOMAS: THANK YOU ALL FOR YOUR  
17 COMMENTS. OTHER COMMENTS OR QUESTIONS FROM MEMBERS  
18 OF THE BOARD?

19 MR. TORRES: I THINK THAT WAS AN IMPORTANT  
20 ISSUE THAT YSABEL JUST CITED. IF YOU COULD JUST  
21 EXPLAIN A LITTLE BIT MORE SO THE REST OF THE  
22 PARTICIPANTS UNDERSTAND WHAT YOU MEAN BY CULTURAL  
23 NUANCES BECAUSE IT IS AN IMPORTANT ISSUE.

24 MS. DURON: MR. CHAIR, SHALL I?

25 CHAIRMAN THOMAS: PLEASE.

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1 MS. DURON: OKAY. THANK YOU. WELL, ART,  
2 THANKS FOR PUTTING ME ON THE SPOT HERE. BUT THIS IS  
3 AN ISSUE THAT WE HAVE BEEN TRYING TO RAISE FOR QUITE  
4 A FEW YEARS NOW ABOUT SIMPLE TRANSLATIONS FOR OTHER  
5 COMMUNITIES, EVEN FROM ENGLISH TO ENGLISH, IS REALLY  
6 IMPORTANT TO UNDERSTAND THE COMMUNITY AND HOW IT  
7 UNDERSTANDS THINGS, THE LANGUAGE IT USES, AND HOW IT  
8 INTERPRETS THE MEANINGS OF WORDS AND PHRASES. SO  
9 SOME THINGS TO ONE SET OF PEOPLE MAY MEAN SOMETHING  
10 ELSE, OR IT OPENS UP A WHOLE NEW SET OF QUESTIONS  
11 THAT NEED TO BE ANSWERED BEFORE THAT PERSON FEELS  
12 THAT THEY TRULY UNDERSTAND WHAT IS BEING DISCUSSED.

13 AND SO I KNOW OVER TIME, WHEN WE WORKED  
14 VERY SPECIFICALLY IN EDUCATION WITH LATINO, SPANISH  
15 SPEAKING POPULATIONS, AND THOSE PERHAPS HAVE EVEN A  
16 LOWER LITERACY AND/OR LOW EDUCATION, THAT WE NEED TO  
17 BE VERY CLEAR AND VERY SPECIFIC THAT THEY UNDERSTAND  
18 WHAT WE ARE SAYING, NOT THAT WE -- BECAUSE WE DID IT  
19 IN SPANISH AND WE GAVE THEM A DOCUMENT IN SPANISH,  
20 THAT EVERYTHING IS FINE. IT IS REALLY CRITICAL.  
21 AND SOME WORK I'VE DONE EVEN WITH MEDIA AND  
22 COMMUNICATION TRYING TO GET MORE VACCINE UPTAKE IN  
23 SPANISH-SPEAKING COMMUNITIES, THAT THERE ARE  
24 MULTIPLE CHANNELS OF COMMUNICATION THAT BOMBARD AND  
25 CAUSE A SOMEWHAT CHAOTIC RESPONSE IN TERMS OF

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1 UNDERSTANDING WHICH IS RIGHT, WHICH IS REAL, WHICH  
2 DO I UNDERSTAND, AND HOW DO I UNDERSTAND IT.

3 AND SO COMMUNICATION IN AND OF ITSELF  
4 BECOMES A REALLY IMPORTANT SKILL SET THAT I THINK  
5 RESEARCHERS NEED TO UNDERSTAND AND DEVELOP IN  
6 SPEAKING TO DIVERSE COMMUNITIES TO MAKE SURE NOT  
7 THAT YOU THINK THEY KNOW WHAT THEY SAY, BUT THEY  
8 TELL YOU THEY UNDERSTAND WHAT YOU MEAN. A VERY  
9 CRITICAL DIFFERENCE. THANK YOU, ART.

10 MR. TORRES: THANK YOU.

11 CHAIRMAN THOMAS: THANK YOU, YSABEL.  
12 OTHER QUESTIONS -- BY THE WAY, THAT'S WHY YOU'RE  
13 CHAIR OF THE COMMUNICATIONS SUBCOMMITTEE. ANY OTHER  
14 COMMENTS OR QUESTIONS FROM MEMBERS OF THE BOARD?  
15 ANY OTHER PUBLIC COMMENT? HEARING NONE, MARIA, WILL  
16 YOU PLEASE CALL THE ROLL.

17 MS. BONNEVILLE: DAN BERNAL.

18 MR. BERNAL: AYE.

19 MS. BONNEVILLE: YSABEL DURON.

20 MS. DURON: AYE.

21 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

22 DR. FISCHER-COLBRIE: AYE.

23 MS. BONNEVILLE: FRED FISHER.

24 DR. FISHER: YES.

25 MS. BONNEVILLE: ELENA FLOWERS.

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1 DR. FLOWERS: YES.  
2 MS. BONNEVILLE: DAVID HIGGINS.  
3 DR. HIGGINS: YES.  
4 MS. BONNEVILLE: STEVE JUELSGAARD.  
5 MR. JUELSGAARD: YES.  
6 MS. BONNEVILLE: RICH LAJARA.  
7 MR. LAJARA: YES.  
8 MS. BONNEVILLE: DAVE MARTIN.  
9 DR. MARTIN: YES.  
10 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
11 DR. MIASKOWSKI: YES.  
12 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
13 MS. MILLER-ROGEN: YES.  
14 MS. BONNEVILLE: ADRIANA PADILLA.  
15 DR. PADILLA: YES.  
16 MS. BONNEVILLE: JOE PANETTA.  
17 MR. PANETTA: YES.  
18 MS. BONNEVILLE: AL ROWLETT.  
19 MR. ROWLETT: AYE.  
20 MS. BONNEVILLE: JONATHAN THOMAS.  
21 CHAIRMAN THOMAS: YES.  
22 MS. BONNEVILLE: ART TORRES.  
23 MR. TORRES: AYE.  
24 MS. BONNEVILLE: KAROL WATSON.  
25 DR. WATSON: YES.

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1 MS. BONNEVILLE: THANK YOU. THE MOTION  
2 CARRIES.

3 CHAIRMAN THOMAS: THANK YOU VERY MUCH.  
4 THAT CONCLUDES THE ACTION ITEMS ON TODAY'S AGENDA.  
5 WE ARE NOW INTO PUBLIC COMMENT ON ANY AND ALL  
6 TOPICS. DO WE HAVE ANY PUBLIC COMMENT?

7 MS. BONNEVILLE: I DO NOT SEE ANY.

8 CHAIRMAN THOMAS: THANK YOU, MARIA.  
9 HAVING HEARD AT THE OUTSET OF THIS MEETING FROM  
10 STEVE, AL, AND GIL, I WOULD BE REMISS IF I DIDN'T  
11 GIVE THE LAST WORD TO JOE PANETTA AND HIS THOUGHTS  
12 ON THE PERFORMANCE OF HIS TEAM THIS SEASON.

13 MR. PANETTA: THANK YOU SO MUCH, MR.  
14 CHAIRMAN. I WAS AFRAID YOU MIGHT DO THAT. ALL THAT  
15 I CAN SAY ABOUT THE PERFORMANCE OF THIS TEAM THIS  
16 SEASON IS THAT EVERYONE HERE IN SAN DIEGO EXPECTED  
17 THAT THIS WAS THE YEAR AS WE DO EACH YEAR. AND EACH  
18 YEAR DOWN HERE IN SAN DIEGO, WE JUST DON'T SEEM TO  
19 GET THERE. SO I'M JUST GOING TO TELL YOU WE'LL BE  
20 BACK NEXT YEAR.

21 CHAIRMAN THOMAS: THANK YOU VERY MUCH.  
22 HOPEFULLY YOU WILL AVOID SINKING BELOW THE 500 MARK  
23 WHICH YOU'RE FLIRTING WITH AT THE MOMENT.

24 MR. PANETTA: YEP, GOSH.

25 CHAIRMAN THOMAS: OKAY. THAT CONCLUDES

**BETH C. DRAIN, CA CSR NO. 7152**

1 TODAY'S MEETING. MARIA, PLEASE, WHAT IS THE DATE  
2 FOR THE OCTOBER MEETING, WHICH WILL BE A FULL  
3 QUARTERLY MEETING OF THE BOARD?

4 MS. BONNEVILLE: OCTOBER 19TH.

5 CHAIRMAN THOMAS: OKAY. WELL, THANK YOU,  
6 EVERYBODY. LOTS OF GREAT COMMENTS TODAY. THANK  
7 YOU, GIL AND TEAM, AS ALWAYS. THANK YOU, MARIA,  
8 DOUG, AND TRICIA FOR FACILITATING. AND WE WILL SEE  
9 EVERYBODY IN OCTOBER AS WELL AS SOME OF YOU PRIOR TO  
10 THAT ON THE GOVERNANCE SUBCOMMITTEE WHICH IS COMING  
11 UP SHORTLY. SO THANK YOU VERY MUCH AND WE WILL CALL  
12 THIS MEETING ADJOURNED.

13 (THE MEETING WAS THEN CONCLUDED AT 9:52  
14 A.M.)

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**REPORTER'S CERTIFICATE**

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE ZOOM PROCEEDINGS BEFORE THE APPLICATION REVIEW SUBCOMMITTEE TO THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON SEPTEMBER 23, 2021, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CSR 7152  
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